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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> (37 CFR 1.63)		Attorney Docket Number	<i>Guterman-2</i>
		First Named Inventor	<i>Guterman, L.R.</i>
COMPLETE IF KNOWN			
		Application Number	<i>10/715,875</i>
		Filing Date	<i>11/18/2003</i>
		Art Unit	<i>3736</i>
		Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

*Bifurcated Aneurysm Buttress Arrangement*

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY) *11/18/2003* as United States Application Number or PCT InternationalApplication Number *10/715,875* and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 37 CFR 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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## **DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:		<input type="checkbox"/> Customer Number or Bar Code Label		OR <input checked="" type="checkbox"/> Correspondence address below
Name	<b>Donald N. Halgren</b>			
Address	<b>35 Central Street</b>			
City	Manchester	State	MA	ZIP
Country	US	Telephone	978 526 8000	Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
<i>Ofee R.</i>		GUTERMAN		
Inventor's Signature				Date
Residence: City		State	Country	Citizenship
Amherst		NY	US	US
Mailing Address				
<i>660 LeBrun Road</i>				
City	State	ZIP	Country	
Amherst	NY	14226	US	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
<i>Paul A.</i>		LaDoca		
Inventor's Signature				Date
Residence: City		State	Country	Citizenship
Buffalo		NY	US	US
Mailing Address				
<i>212 Wellington Road</i>				
City	State	ZIP	Country	
Buffalo	NY	14216	US	

Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
<i>Robert C.</i>		<i>LaDucca</i>	
Inventor's Signature			Date <i>4/26/04</i>
Residence: City <i>Santa Cruz</i>	State <i>CA</i>	Country <i>US</i>	Citizenship <i>US</i>
Mailing Address <i>100 Cottini Way</i>			
Mailing Address <i>100 Cottini Way</i>			
City <i>Santa Cruz</i>	State <i>CA</i>	Zip <i>95060</i>	Country <i>US</i>
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

Practitioner's Docket No. Guterman-2

**PATENT**



Applicant GUTERMAN et al  
 Application No. 10/715,875  
 Filed on 11/18/2003  
Title: Bifurcated Aneurysm Prostheses Arrangement

Pattee \_\_\_\_\_  
 Patent No. \_\_\_\_\_  
 Issued on \_\_\_\_\_

**STATEMENT BY NON-INVENTOR SUPPORTING A STATEMENT OF  
STATUS BY ANOTHER AS A SMALL ENTITY**

I hereby state that I am making this statement to support a statement by  
inventor Guterman et al

for small entity status, for purposes of paying reduced fees under Sections 41(a) and (b) of Title 35, United States Code, with regard to the invention described in

- the specification filed herewith, with title as listed above.  
 the application identified above.  
 the patent identified above.

I hereby state that I would qualify as an independent inventor, as defined in 37 C.F.R. § 1.27(a)(1), for purposes of paying fees to the United States Patent and Trademark Office under Sections 41(a) and (b) of Title 35, United States Code, if I had made the above-identified invention.

I have not assigned, granted, conveyed or licensed, and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not qualify as a person under 37 C.F.R. § 1.27(a)(1), if that person had made the invention, or to any concern that would not qualify as a small business concern under 37 C.F.R. § 1.27(a)(2) or a nonprofit organization under 37 C.F.R. § 1.27(a)(3).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- No such person, concern, or organization exists.  
 Each such person, concern or organization is listed below. \*

\*NOTE: Separate statements should be obtained from each named person, concern or organization having rights to the invention as to their status as small entities.

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

INDIVIDUAL

SMALL BUSINESS CONCERN

NONPROFIT ORGANIZATION

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

INDIVIDUAL

SMALL BUSINESS CONCERN

NONPROFIT ORGANIZATION

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

INDIVIDUAL

SMALL BUSINESS CONCERN

NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 C.F.R. § 1.27(g)(2))

Note: "The presentation to the Office (whether by signing, filing, submitting, or later advocating) of any paper by a party, whether a practitioner or non-practitioner, constitutes a certification under § 10.18(b) of this chapter. Violations of § 10.18(b)(2) of this chapter by a party, whether a practitioner or non-practitioner, may result in the imposition of sanctions under § 10.18(c) of this chapter. Any practitioner violating § 10.18(b) may also be subject to disciplinary action. See §§ 10.18(d) and 10.23(c)(15)." 37 C.F.R. § 1.4(d)(2).

Name of Person Signing Donald N. Helgren

Address of Person Signing 35 Central St

Manchester NH 03044

SIGNATURE D. Helgren Date 10 Aug 2004